## SOS APA form 001

## Mississippi Secretary of State 700 North Street P. O. Box 136, Jackson, MS 39205-0136

AOMINISTRATIVE PROCEDURES NOTICE FILING					
AGENCY NAME Mississippi Department of Human Services ADDRESS 750 N. State Street		CONTACT PERSON Don Thompson		TELEPHONE NUMBER 601-359-4457	
		CITY Jackson		STATE MS	ZIP 39202
EMAIL <u>Don.Thomoson@mdhş</u> .ms.gov	SUBMIT DATE 10/17/11	Name or number of rule(s); Visiting home policies and record	\$		
Short explanation of rule/amendment/repeal and approval for all visits. The changes are due to the Specific legal authority authorizing the promulgation of suspended by the properties of the promulgation of the properties are suspended by the properties of the pro	ne Residential and child Otlon of rule: Mississippi	Placing Licensing Standards being updated. Code: 43-1-2	d's worker must given w	ritten	
ORAL PROCEEDING:					
☐ An oral proceeding is scheduled for this rule.  ☑ Presently, an oral proceeding is not schedule If an oral proceeding is not scheduled, an oral pro an agency or ten (10) or more persons. The writh days after the filling of this notice of proposed rul person(s) making the request; and, if you are an represent. At any time within the twenty-five (2) proposed rule/amendment/repeal may be submit	d on this rule. oceeding must be held i ten request should be si le adoption and should i agent or attorney, the n 5) day public comment ;	ubmitted to the agency contact person at the e include the name, address, email address, and ame, address, email address, and telephone n period, written submissions including argumen	bmitted by a political sui above address within two telephone number of th umber of the party or pa	enly (20) a riles you	
ECONOMIC IMPACT STATEMENT:		•	*		
☑ Economic Impact statement not required for	this rule. 🔲 Conci	se summary of economic impact statement att	tached,		
TEMPORARY RULES  Original filing		lew rule(s) mendment to existing rule(s) Repeal of existing rule(s) Adaption by reference ad final offective date; O days after filing Other (specify):	Action taken: Adopted X Adopted Adopte Vithdra Repeal Effective dates X 30 days	FINAL ACTION ON RULES Date Proposed Rule Filed: \$10407/8/10	
Printed name and Title of person authorized to fil	S Sulla	Tifa			
OFFICIAL FILING SYAMP		DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	500	T 1 7 2011	LMP
Accepted for filing by	Accepte	d for filing by	Accepted for fil	ARY OF S	TATE

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached